

(ii) prescribers and pharmacies that are selected under subparagraph (D) of such section;

(E) the extent of prescription drug abuse beyond Controlled Drug Substances in Schedule CII in parts C and D of the Medicare program; and

(F) other areas determined appropriate by the Comptroller General.

(2) REPORT.—Not later than July 1, 2019, the Comptroller General of the United States shall submit to the appropriate committees of jurisdiction of Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines to be appropriate.

(f) REPORT BY SECRETARY.—

(1) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of Congress a report on ways to improve upon the appeals process for Medicare beneficiaries with respect to prescription drug coverage under part D of title XVIII of the Social Security Act. Such report shall include an analysis comparing appeals processes under parts C and D of such title XVIII.

(2) FEEDBACK.—In development of the report described in paragraph (1), the Secretary of Health and Human Services shall solicit feedback on the current appeals process from stakeholders, such as beneficiaries, consumer advocates, plan sponsors, pharmacy benefit managers, pharmacists, providers, independent review entity evaluators, and pharmaceutical manufacturers.

(g) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in subsection (d)(2), the amendments made by this section shall apply to prescription drug plans for plan years beginning on or after January 1, 2018.

(2) STAKEHOLDER MEETINGS PRIOR TO EFFECTIVE DATE.—

(A) IN GENERAL.—Not later than January 1, 2017, the Secretary of Health and Human Services shall convene stakeholders, including individuals entitled to benefits under part A of title XVIII of the Social Security Act or enrolled under part B of such title of such Act, advocacy groups representing such individuals, clinicians, plan sponsors, pharmacists, retail pharmacies, entities delegated by plan sponsors, and biopharmaceutical manufacturers for input regarding the topics described in subparagraph (B). The input described in the preceding sentence shall be provided to the Secretary in sufficient time in order for the Secretary to take such input into account in promulgating the regulations pursuant to subparagraph (C).

(B) TOPICS DESCRIBED.—The topics described in this subparagraph are the topics of—

(i) the impact on cost-sharing and ensuring accessibility to prescription drugs for enrollees in prescription drug plans of PDP sponsors who are at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C) of section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–10(c)));;

(ii) the use of an expedited appeals process under which such an enrollee may appeal an identification of such enrollee as an at-risk beneficiary for prescription drug abuse under such paragraph (similar to the processes established under the Medicare Advantage program under part C of title XVIII of the Social Security Act);

(iii) the types of enrollees that should be treated as exempted individuals, as described in clause (ii) of such paragraph;

(iv) the manner in which terms and definitions in paragraph (5) of such section 1860D–

4(c) should be applied, such as the use of clinical appropriateness in determining whether an enrollee is an at-risk beneficiary for prescription drug abuse as defined in subparagraph (C) of such paragraph (5);

(v) the information to be included in the notices described in subparagraph (B) of such section and the standardization of such notices;

(vi) with respect to a PDP sponsor that establishes a drug management program for at-risk beneficiaries under such paragraph (5), the responsibilities of such PDP sponsor with respect to the implementation of such program;

(vii) notices for plan enrollees at the point of sale that would explain why an at-risk beneficiary has been prohibited from receiving a prescription at a location outside of the designated pharmacy;

(viii) evidence-based prescribing guidelines for opiates; and

(ix) the sharing of claims data under parts A and B with PDP sponsors.

(C) RULEMAKING.—The Secretary of Health and Human Services shall, taking into account the input gathered pursuant to subparagraph (A) and after providing notice and an opportunity to comment, promulgate regulations to carry out the provisions of, and amendments made by subsections (a) and (b).

TITLE VIII—TRANSNATIONAL DRUG TRAFFICKING ACT

SEC. 801. SHORT TITLE.

This title may be cited as the “Transnational Drug Trafficking Act of 2015”.

SEC. 802. POSSESSION, MANUFACTURE OR DISTRIBUTION FOR PURPOSES OF UNLAWFUL IMPORTATIONS.

Section 1009 of the Controlled Substances Import and Export Act (21 U.S.C. 959) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively; and

(2) in subsection (a), by striking “It shall” and all that follows and inserting the following: “It shall be unlawful for any person to manufacture or distribute a controlled substance in schedule I or II or flunitrazepam or a listed chemical intending, knowing, or having reasonable cause to believe that such substance or chemical will be unlawfully imported into the United States or into waters within a distance of 12 miles of the coast of the United States.

“(b) It shall be unlawful for any person to manufacture or distribute a listed chemical—

“(1) intending or knowing that the listed chemical will be used to manufacture a controlled substance; and

“(2) intending, knowing, or having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States.”.

SEC. 803. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

Chapter 113 of title 18, United States Code, is amended—

(1) in section 2318(b)(2), by striking “section 2320(e)” and inserting “section 2320(f)”;

and

(2) in section 2320—

(A) in subsection (a), by striking paragraph (4) and inserting the following:

“(4) traffics in a drug and knowingly uses a counterfeit mark on or in connection with such drug;”;

(B) in subsection (b)(3), in the matter preceding subparagraph (A), by striking “counterfeit drug” and inserting “drug that uses a counterfeit mark on or in connection with the drug”; and

(C) in subsection (f), by striking paragraph (6) and inserting the following:

“(6) the term ‘drug’ means a drug, as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).”.

The PRESIDING OFFICER. The majority leader.

MORNING BUSINESS

Mr. McCONNELL. Madam President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. McCONNELL. Madam President, I ask unanimous consent that on Monday, March 14, at 4 p.m., the Senate proceed to executive session to consider the following nomination: Calendar No. 476, that there be 90 minutes for debate only on the nomination, equally divided in the usual form; that upon the use or yielding back of time, the Senate vote on the nomination without intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action and then the Senate resume legislative session without any intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Iowa.

SENATE ACCOMPLISHMENTS

Mr. GRASSLEY. Madam President, as many Iowans know, I made a practice of holding townhall meetings in each of the 99 counties of my State every year. It has become known in the media as a “Full Grassley.” That is not something I named it. That is something someone else named it. It is kind of a flattering name, but in some ways it does not make sense because the townhalls are not about Senator GRASSLEY. They are about hearing from Iowans whom I am proud to serve. They are about hearing about the real problems my constituents have, and, of course, from our end, trying to find practical solutions to those problems. That is what I work on every day. I suppose all of my colleagues would say that is what they work on every day.

On many occasions at my townhall meetings in recent years, Iowans have asked me why the Senate never gets anything done. Both parties probably shoulder some of the blame for this attitude out there at the grassroots, but the reality is that the most obvious, the most glaring, the most unmistakable reason for the Senate's recent paralysis is the way Democratic Leader REID ran it before he was toppled as majority leader.

When the Democratic leader was in control of the Senate, he was the one who decided not to empower his committee chairs to craft and advance bipartisan legislation. He decided not to

give all Members, Republican and Democratic alike, a real opportunity to participate in the process. He decided not to empower the Senate to address real problems that real people face every day.

Instead, he chose dysfunction and gridlock over practicality and problem solving. By November 2014, the American people had finally had enough. After the American people spoke, the Democratic leader no longer controlled the Senate. Since the Senate has been under Republican leadership, things have started to work again. You see it in the latest example of this bill passing almost unanimously. So this is an example of Senators partnering across the aisle. Legislation is moving. The result is real progress on real issues facing our country.

I am proud the Judiciary Committee has played its part. As chairman, my goal has been to open the process and seek as much consensus as possible. The results reflect that. We have reported 21 bills out of committee, all with bipartisan support. I would like to walk through some of these results because there is a lot of credit to go around on both sides of the aisle.

Last February the committee passed the Justice for Victims of Trafficking Act. We passed it unanimously, 19 to 0. The bill enhances penalties for human trafficking and equips law enforcement with new tools to target predators who traffic in innocent young people. The bill passed the Senate 99 to 0 and was passed into law.

Yes, there were some bumps along the way. When the Democratic leader realized that genuine bipartisanship had broken out and that we might actually accomplish something, a controversy had to be manufactured about the Hyde amendment on that particular trafficking bill, but eventually the Democratic leader took yes for an answer and the bill got done.

This victory was a credit to the leadership of one Democrat and one Republican—Senator CORNYN and Senator KLOBUCHAR. Their bill provided real solutions for real victims of trafficking. A few months later, in October, the committee passed the Sentencing Reform and Corrections Act. Sentencing reform is a difficult and complex issue. Many Senators have strongly held views. Despite that, the bill emerged from our committee with a strong 15-to-5 bipartisanship vote. My bill would recalibrate prison sentences for certain drug offenders, target violent criminals, and grant judges greater discretion at sentencing for low-level, non-violent drug crimes. I am grateful for the Senators who have partnered with me on this legislation, especially Senators DURBIN, CORNYN, WHITEHOUSE, and LEE. I am hopeful that if we keep working together, landmark sentencing reform can be another major accomplishment of this Senate. Time is growing short, but I cannot think of a more productive use of the Senate's time than to make our criminal laws

more just. This is another example of a real problem we can solve together.

Also, in July of last year, the committee passed my Juvenile Justice and Delinquency Prevention Reauthorization Act, again, without opposition. The bill will ensure that at-risk youth are fairly and effectively served by juvenile justice grant programs. These important programs provide the chance for kids to get back on the right track so they will not enter the criminal justice system as adults. Every one of these young people are worth helping to reach their greatest potential. Senator WHITEHOUSE, a Democrat from Rhode Island, and I are working hard to move this bill through the full Senate. I thank him for working with me on it.

There are many other bipartisan accomplishments of this Senate that the Judiciary Committee cannot take credit for. I will not try to go through all of them, of course, but one example that comes to mind was the outstanding work of Senator BURR, a Republican, Senator FEINSTEIN, a Democrat, on the cyber security bill. That legislation passed the Senate on a solid 74-to-21 vote. A conference version of it was later signed into law by the President. With reports of breaches of our personal data on an almost daily basis, it is self-evident that this bill helped to address a real problem that has affected millions of Americans.

That brings me to the Senate's passage of the bill that was just voted on, the Comprehensive Addiction and Recovery Act—CARA, for short. It passed today with an overwhelming bipartisan vote. This legislation reflects the Senate at its finest, working in a bipartisan way to address an awful epidemic that is gripping our country.

I thank the authors of CARA for their leadership in crafting the legislation and working with me to move it through the Judiciary Committee and out of that committee unanimously. In particular, I thank Senators PORTMAN, AYOTTE, WHITEHOUSE, and KLOBUCHAR; you see, two Democrats and two Republicans. Real lives will be saved because of the leadership of this bipartisan group. That is not something we can say every day around the Senate. I know the efforts of those Senators and others to address this epidemic stretch back a few years.

It is a shame the Democratic leader decided not to address this crisis at the early stage when he was deciding the agenda of the Senate, but he decided not to act, even in the face of mounting evidence that the country was facing a grave and gathering epidemic of heroin and opioid painkiller overdoses. Deaths from prescription opioid painkillers rose over 30 percent from 2007 to 2014. Heroin overdose deaths more than quadrupled during that time. Heroin seizures at the southwest border more than quadrupled as well. All the while, the Democratic leader never brought a bill to the floor to address the crisis.

So given the dysfunction that had overtaken the Senate not long ago, we

should take a moment to appreciate the bipartisan process through which the Senate just passed this CARA bill. As the Republican chairman of the Judiciary Committee, I moved a Democratic bill through the committee. It passed without opposition. Then the Republican leader promptly scheduled the bill for floor consideration. I don't recall that ever happening under the former Democratic leadership. The Senate had rollcall votes on four amendments, although the Republican leader offered more such votes on Democratic amendments. All four of those amendments were offered by Democratic Senators, and the bill passed overwhelmingly, as amended. This process would have been unthinkable under the Democratic leader. This simply would not have happened. You know the statistics. There were 18 rollcall votes on amendments all during the year 2014. During 2015, we had 198 rollcall votes on amendments and only 4 more Republican amendments than Democratic amendments.

Yes, once again the Democratic leader tried to manufacture a controversy when this bill first came to the floor about a week ago Monday, this time over some alleged funding for this heroin-opioid epidemic. But when \$400 million in newly appropriated money for it hasn't even been spent yet, well, that argument by the Democratic leader was a tough one to sell.

Over the last few days, the Democratic leader played some games with negotiations on a managers' package of amendments. The Republican side, the majority side, worked hard to clear amendments offered by many Democrats, including Senators DURBIN, GILLIBRAND, HEINRICH, KAINE, MCCASKILL, BLUMENTHAL, SCHATZ, HEITKAMP, and CARDIN, but the Democratic leader objected to completely uncontroversial, commonsense amendments that would be in the package offered by two Republicans, Senator JOHNSON and Senator KIRK. Why? Simply because these Republican Senators are up for reelection this year, and under those circumstances, we couldn't reach an agreement. So all these Democratic amendments didn't go because the Democratic leader had objection to two Republican, relatively noncontroversial amendments, one of them absolutely noncontroversial.

How noncontroversial were these amendments? Let me give you one example. Senator JOHNSON wanted to add the Indian Health Service as a member of the task force the bill creates to develop best prescribing practices for opioids. I suspect many Americans, including even people living in the State of Nevada, would think Senator JOHNSON's idea is a good one. Addiction is a problem for so many in our country, and the Native American community is unfortunately no exception. But this is the kind of dysfunction, the kind of gridlock that the Democratic leader is known for. A good idea becomes a bad idea if it is simply offered by a Member

of the Republican Party, and that especially is the case if you are a Republican up for reelection.

As CARA's name reflects, the bill addresses this epidemic comprehensively, supporting prevention, education, treatment, recovery, and law enforcement. CARA begins with prevention and education. The bill authorizes awareness and education campaigns so that the public understands the dangers of becoming addicted. It also creates a national task force to develop best prescribing practices, as I mentioned. The bill encourages the use of prescription drug monitoring programs, such as those in my State of Iowa, which help to detect and deter what is called doctor shopping behaviors by addicts. The bill authorizes an expansion of the Federal program that allows patients to safely dispose of old or unused medications so that these drugs don't fall into the hands of young people. In fact, along with a few other committee members, I helped start the original take-back program in 2010 through the Secure and Responsible Drug Disposal Act.

CARA also focuses on treatment and recovery. The bill authorizes programs to provide first responders with training to use naloxone, a drug that can reverse the effects of an opioid overdose and directly save lives. Critically, the bill provides that a set portion of naloxone funding go to rural areas, like much of Iowa, which are being affected most acutely. This is critical when someone overdoses and isn't near a hospital.

The bill also authorizes an expansion of Drug-Free Communities Act grants to those areas that are most dramatically affected by the opioid epidemic. And it also authorizes funds for programs that encourage the use of medication-assisted treatment, provide community-based support for those in recovery, and address the unique needs of pregnant and postpartum women who are addicted to opioids.

Finally, the bill also bolsters law enforcement efforts as well. The bill reauthorizes Federal funding for State task forces that specifically address heroin trafficking.

So in all these ways, CARA will help real people address the very real epidemic. The eastern part of my State has been hit the hardest. The human costs of what is happening across so many of these communities is incalculable. Every life that is lost or changed forever by this crisis is precious, especially for many young people who fall victim to addiction early in their lives. There is so much human potential at stake.

I can't wait until my next townhall meeting. I am going to be proud to explain how the Senate did something today that will help so many people in Iowa and around the Nation, Republicans and Democrats working together. Let's keep it going.

I yield the floor.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. UDALL. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. UDALL. Madam President, I ask unanimous consent to speak in morning business for such time as I may consume.

The PRESIDING OFFICER. Without objection, it is so ordered.

REMEMBERING DR. MIGUEL ENCINIAS

Mr. UDALL. Madam President, I rise today to remember a great New Mexican and a great American, Dr. Miguel Encinias, who passed away on Saturday, February 20, at the age of 92.

New Mexico has a long and proud tradition of military service. Dr. Encinias is often called "New Mexico's most decorated veteran." He fought in three wars and was the recipient of 3 Distinguished Flying Crosses, 14 Air Medals, and 2 Purple Hearts. His military career is one of courage and sacrifice. He later played an important role in the creation of the World War II Memorial here in Washington, DC.

If the measure of a life is living to the utmost of one's talents and giving the utmost of one's self, Miguel Encinias is an inspiration to all of us. I think that is why he will long be remembered with such admiration and gratitude.

His service began at the young age of 16 when he joined the New Mexico National Guard in 1939. Within 4 years, he had become a second lieutenant and a pilot in the Army Air Corps. Over the next three decades he fought with distinction in three wars: World War II, the Korean war, and Vietnam.

As his friend and mine, Ralph Arellanes, who is chairman of the Hispano Roundtable of New Mexico, said of Miguel: Miguel flew 245 combat missions as a fighter pilot. Few American aviators in history have flown combat missions in three wars. Miguel was one of them.

He was shot down over Italy in 1944 and served over 15 months in a Nazi prison camp. He volunteered to go to Korea and was shot down again but not captured. He answered the call of his country many times with great courage and sacrifice.

Dr. Encinias retired as a lieutenant colonel in 1971, but if that was the conclusion of his storied military career, it was just the beginning of new accomplishments and new achievements. He returned to New Mexico and earned a doctorate in Hispanic literature at the University of New Mexico.

In an article about his life, the Albuquerque Journal said: "As a scholar, educator, New Mexico historian, and decorated combat flyer in three wars, Miguel Encinias both studied and

shaped history in a life that spanned nine decades."

There was an article about Miguel in the Santa Fe New Mexican, and they put it this way: "An ace in the air, a scholar on the ground."

He earlier obtained a degree in political science at Georgetown University and a master's degree at the Institute of Political Studies in Paris.

In 1995 he was requested by President Clinton to serve on the World War II Memorial Advisory Board. By the time the memorial was built in 2004, Dr. Encinias was the only living member of the board to see it completed. It was a happy day for him.

In an interview with the Albuquerque Journal, Dr. Encinias's son, Juan-Pablo Encinias, summed up what so many who knew Dr. Encinias understood: "It's kind of amazing how much he accomplished," his son said. "He really didn't stop."

Those accomplishments, according to the Journal, included teaching Hispanic literature at two universities and developing bilingual education in New Mexico schools.

Dr. Encinias also found the time to write several books on New Mexico history and to fund a theater group and a light opera company in Albuquerque.

His son Juan-Pablo also remarked to the Journal that Dr. Encinias "was very just and felt very strongly about people getting their fair shake in life."

Dr. Encinias was honored for his work for civil rights and social justice by the New Mexico LULAC branch in 2007 and the Hispano Roundtable of New Mexico in 2011. As important as the medals and honors are, they aren't the most important thing we will remember about Dr. Encinias. It is the example he set in always doing his best, in always giving back, both in wartime and at home.

His daughter Isabel shared with me that although her father had incredibly high standards and was very tough, he had an incredible amount of compassion and always fought for the underdog.

Whether risking his own life to save that of his fellow airmen or fighting for quality education and opportunity for everyone, Miguel Encinias committed himself to the needs of others.

On November 11, 1995, at the World War II Memorial site dedication, Dr. Encinias was introduced by the chairman of the Joint Chiefs of Staff. He received a standing ovation from President Clinton and everyone present. They knew they were seeing a true patriot and a true hero and a great American. On that day, President Clinton thanked Dr. Encinias and said for "your truly remarkable service to our nation."

To all who knew this extraordinary man and who mourn him now, we know his life was indeed a remarkable story of courage, of dedication, and of generosity of spirit.

Madam President, my State has lost one of its heroes. Over the course of a